| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  100 11095                                                                                                          |                               |                            |           |                        |                |                     | nber                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|-----------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                           |                               |                            |           | ENTITY                 | OR             | OTHER               | R THAN                 |
| TOTAL CLAIMS                                                                                                                                                                                                             | ro                            |                            | RAT       | E FEE                  | 7              | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                      | NUMBER FILED                  | NUMBER EXTRA               | BASIC     | FEE 355.00             |                | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                  | 70 minus 20=                  | •                          | X\$ 9     | X\$ 9=                 |                | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                       | minus 3 =                     |                            | X40       | X40=                   |                | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                         |                               |                            | +135      |                        | OR             |                     |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                 |                               | r "0" in column 2          | TOTA      |                        | OR             | <u> </u>            |                        |
| C//C/A L/CLAIMS AS AMENDED - PART II                                                                                                                                                                                     |                               |                            |           | L                      | OR             | TOTAL               |                        |
| (Column 1)                                                                                                                                                                                                               | · (Colu                       | SMAI                       | L ENTITY  | OR                     | OTHER<br>SMALL |                     |                        |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent Independent                                                                                                                                                           | HIGH<br>NUM<br>PREVI<br>PAID  | IBER PRESENT OUSLY EXTRA   | RATI      | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total · /7                                                                                                                                                                                                               | Minus ⊶2                      | 0 -                        | X\$ 9.    | =                      | ОЯ             | X\$18=              | .7                     |
|                                                                                                                                                                                                                          | Minus •••                     | 3                          | X40=      |                        | OR             | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                           |                               |                            | +135      | - (                    | OR             | +2/10=              |                        |
|                                                                                                                                                                                                                          |                               | . •                        | 101       | · · - y                |                | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                         |                               |                            |           |                        |                |                     | ·                      |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total                                                                                                                             | HIGH<br>NUM<br>PREVIC<br>PAID | BER PRESENT<br>DUSLY EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| O Total                                                                                                                                                                                                                  | Minus ••                      | =                          | X\$ 9=    |                        | OR             | X\$18=              |                        |
| Independent • FIRST PRESENTATION OF MU                                                                                                                                                                                   | Minus ••• LTIPLE DEPENDENT    | CI AIM                     | X40=      |                        | OR             | X80=                |                        |
|                                                                                                                                                                                                                          |                               |                            |           |                        | OR             | +270≔               |                        |
|                                                                                                                                                                                                                          |                               |                            | ADDIT. FE | -8 1                   | OR             | TOTAL<br>ADDIT. FEE |                        |
| (Column 2) (Column 3) CLAIMS 1: HIGHEST                                                                                                                                                                                  |                               |                            |           |                        |                |                     |                        |
| REMAINING AFTER AMENOMENT  Total  Independent                                                                                                                                                                            | NUME<br>PREVIO<br>PAID F      | BER PRESENT<br>BUSLY EXTRA | RATE      | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| O Total                                                                                                                                                                                                                  | Minus ••                      | =                          | X\$ 9=    |                        | OR             | X\$18=              |                        |
| Independent • I                                                                                                                                                                                                          | Minus                         | =                          | X40=      | 1                      | OR             | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                           |                               |                            |           |                        |                |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20.*  **********************************      |                               |                            |           |                        | OR (           | +270=               |                        |
| ""If the 'Highest Number Previously Paid For' (In THIS SPACE is less than 3, enter "3."  The 'Highest Number Previously Paid For' (Total or Independent) is the highest number tound in the appropriate box in column 1. |                               |                            |           |                        |                |                     |                        |